

# UHA PTO MEMBERSHIP APPLICATION

MEMBER NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

List the name and grade of your child/children:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**TIME OR TALENTS-** Do you have any particular interests, hobbies or a profession that you would like to share OR will you volunteer your time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEMBERSHIP FEE IS \$5.00 PER MEMBER/PARENT**

Return form and payment to your child's home room teacher or mail to:  
University Heights Academy PTO, 1300 Academy Drive, Hopkinsville

**WE LOOK FORWARD TO WORKING WITH YOU TO MAKE UHA  
THE VERY BEST CHOICE FOR YOUR CHILDREN TO LEARN AND GROW!**